

Surrey Downs CCG: Finance and Activity Report

2016/17 M9

1. Purpose

The purpose of this report is to:

- Present and provide commentary on the financial performance (Outturn) at Month 9 (M9) ([section 2](#)).
- Update on acute referral activity ([section 3](#)).
- Update on the current forecast position ([section 4](#)).
- Report of the achievement of QIPP at M9 ([section 5](#))
- Report on the cash position of the CCG at M9 ([section 6](#)).
- Report on the risks and mitigations ([section 7](#)).
- Report on planning and contracting 2017/18 ([section 8](#)).
- Report and update on finance operations ([section 9](#)).

2. Outturn

£M	YTD			FULL YEAR		
	Act	Bud	Var	FOT	BUD	Var
Acute (incl SRG)	161.3	158.6	2.7	214.7	211.0	3.7
Mental Health	19.0	19.3	-0.3	25.4	25.7	-0.3
Community	20.3	21.8	-1.5	27.1	29.0	-1.9
CHC	16.6	15.8	0.7	22.1	21.1	1.0
Primary Care	35.5	35.5	0.1	46.9	46.9	0.0
Other	10.3	10.5	-0.1	14.0	14.0	0.0
Corporate	4.8	4.8	0.0	6.4	6.4	0.0
Reserves (A)	8.4	10.0	-1.6	9.4	11.9	-2.5
TOTAL	276.2	276.2	0.0	365.9	365.9	0.0
Allocation (B)	-248.1	-248.1	0.0	328.6	328.6	0.0
In year Surplus / Deficit (B)	-6.7	-6.7	0.0	-8.7	-8.7	0.0
Cumulative surplus Deficit	-28.1	-28.1	0.0	-37.3	-37.3	0.0

(A) Budgeted reserves include £1.6m contingency, £6.8m investment money, and £3.5m uncommitted reserves (1% of RRA) which the CCG is required to budget for as part of the 2016/17 business rules. Investments principally comprise of £3.3m ESH investment, £1.7m CMT/CMSP at East Elmbridge and Dorking, £1m of service reversion costs.

(B) Allocation is actual allocation (i.e. with historic deficit removed). An 'in-year' only surplus / deficit is presented (i.e. with the allocation historic deficit adjustment removed).

2.1 Outturn

The CCG reported a cumulative deficit of £28.1m in M9, which is as per budget.

2.2 Acute Outturn M9

2.2.1 SLAM Data at M8

The M8 SLAM activity data extrapolated to M9 identified an overspend of £4.8m or 3.2% YTD (outturn to date £156.4m vs. budget of £151.6m). The reported to date position relative to the budget has increased since M8, where a 2.8% adverse variance was reported.

The underlying drivers behind the increased cost year to date are consistent with previous months:

- Significant overperformance at SASH in non-elective / emergency (£1.2m over budget to date at M9);
- High critical care costs at London and Surrey Trusts (as per Table below, at a POD level, critical care is £1.1m over plan as per M8 SLAM);
- Higher than budgeted elective activity with London trusts where the CCG has a relatively small baseline contract value relative to its main acute providers; and
- Overperformance at SWELEOC (£0.9m over budget to date M9).

The overperformance by POD at M8 (note the below excludes AQPs) is as follows (top 3 adverse variance highlighted red):

All SL CCGs	CCG Plan (M8 YTD)	Actual (M8 YTD)	Variance To CCG Plan (M8 YTD)	
	£'000s	£'000s	£'000s	%
Elective	32,609	32,365	244	0.7%
Emergency	30,718	33,506	-2,788	-9.1%
Non-Elective	1,047	1,299	-251	-24.0%
Maternity Pathway	8,782	8,810	-28	-0.3%
A&E	7,590	7,698	-109	-1.4%
Out Patient 1st	10,092	10,757	-665	-6.6%
Out Patient Follow Up	12,170	12,979	-809	-6.6%
Out Patient Procedure	5,996	7,173	-1,177	-19.6%
Unbundled Diagnostics	2,858	2,817	41	1.4%
Critical Care	4,144	5,266	-1,122	-27.1%
Direct Access	4,856	4,828	29	0.6%
Drugs & Devices	3,767	3,977	-210	-5.6%
Other /PTS/CQUIN	11,129	8,531	2,597	23.3%
TOTAL - ACUTE CONTRACTS	135,758	140,005	-4,248	-3.1%

Source: SLAM data for M8 as presented by CSU

2.2.2 Performance by Trust

At a trust level the three largest overperforming trusts to date are SASH, Guys and SWLEOC.

i. SASH

Reported outturn at SASH is £11.3m at M9, which is £1.2m (11.9%) over the 2016/17 YTD budget. The majority of the adverse variance on SASH is on emergency procedures which at M9 are £970K (31%) over budget.

In conjunction with other commissioners, the CCG engaged South East CSU to undertake a coding audit at SASH. The initial findings of the data analysis indicated that there was little evidence of counting and coding changes, although one potential area of significance on reconstructive surgery was highlighted. The audit is being developed further to specifically review A&E / emergency admissions attendances.

ii. Guys and St Thomas'

Reported outturn at Guys at M9 is £2.4m which is £0.7m (43.0%) over YTD budget. This over performance is caused by:

- costs of critical care totalling £367K to date at M9. Most of the spend relates to one patient (now discharged) costing approximately £240k. In total, critical care is £354K over budget and accounts for approximately half of the overspend at Guys; and
- increased elective performance (dermatology and respiratory ~ £180K).

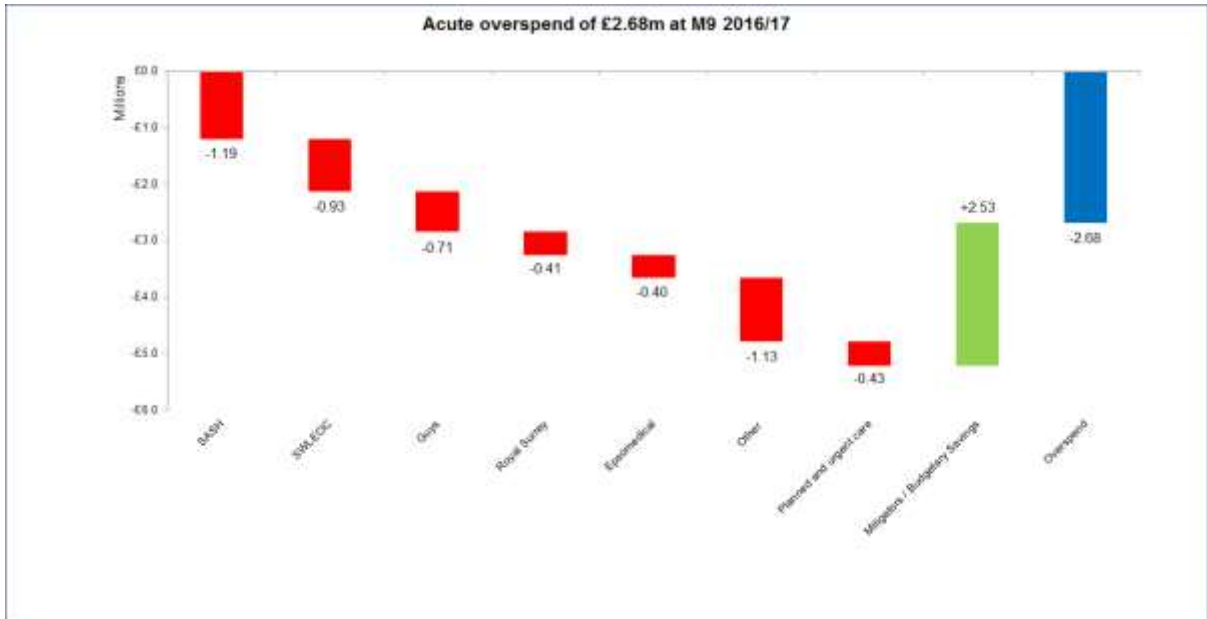
iii. SWLEOC

Reported outturn at SWLEOC at M9 is £6.35m which is £0.93m (17.3%) over the YTD budget. The main drivers behind the over performance are Orthopaedic Procedures (non-trauma), Pain Management and Spinal Surgery. It should be noted that in M9 the to date position versus budget on SWELEOC deteriorated further as a result of an increase in high-cost orthopaedic reconstruction procedures. Thirty four such reconstruction procedures were recorded as being undertaken in M9, compared to an average of 20 for the previous three months which resulted in expenditure of £359K versus a previous three month average cost of £207K.

The CCG continues to challenge SWELEOC on the activity levels in 2016/17.

2.2.3 Reported acute outturn M9

As a result of the over performance identified above, the CCG is reporting an adverse position on the acute programme to budget to date of £2.7m as below.



As per the above diagram, the reported overspend of £2.7m includes the benefit of budgetary savings and non-recurrent benefits arising from the final reconciliation of 2015/16 year end settlements – these benefits and mitigations total £2.5m in aggregate. Excluding these mitigations, the acute programme is £5.2m overspend YTD.

2.3 Non Acute Programme Outturn

The non-acute programme was (net) £2.7m underspent in M9, offsetting the overspend in acute (2.2.3) as follows:



2.3.3 Non – Acute to date position

To note in the above variances:

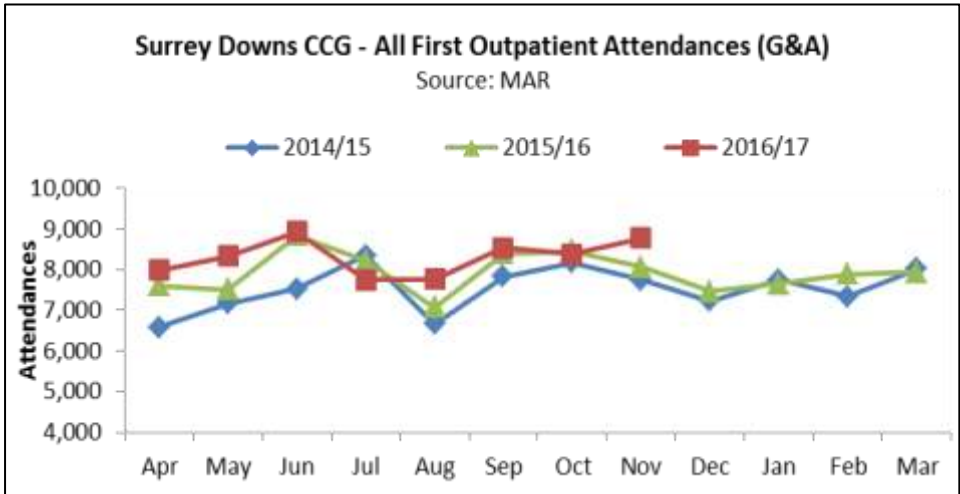
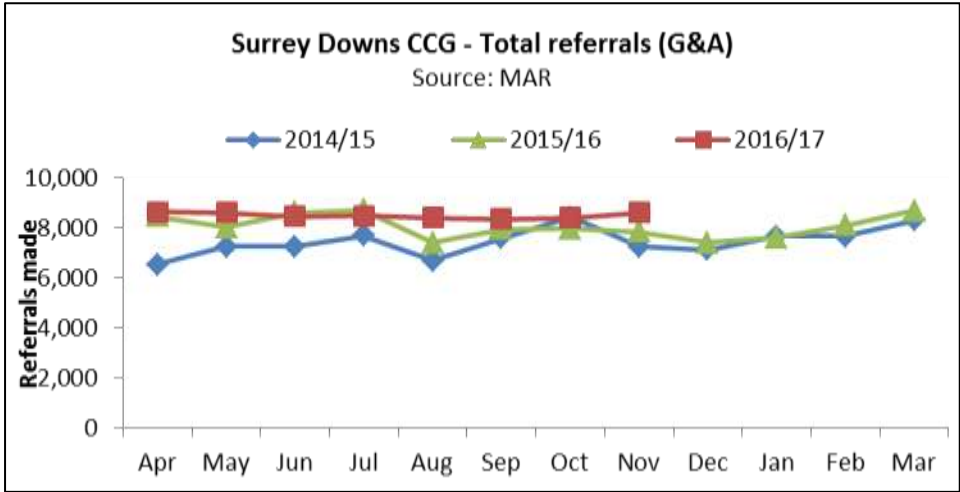
- i. The overspend on CHC YTD of £0.74m is a result of an underlying increase in projected CHC spend for the year (the Surrey wide overspend on CHC has increased from £2.1m to £2.8m and the Surrey Downs overspend has increased in line with that from £0.5m to £0.6m) as well as additional QIPP included in the budget which is unlikely to be achieved. The total CHC overspend for the year is now forecast at £1m and the reported to date position reflects that forecast. Note that neither the to date variance of £0.7m nor the forecast variance of £1.0m reflect the impact of FNC rate increases of £1.6m which are currently reported as unmitigated risks (see section 7, risks and mitigations).
- ii. The favourable variance on community of £1.5m is due to benefits on property services transactions – firstly an accrual release following the agreement reached with NHS Property Services regarding 2014/15 charges (£0.75m) and secondly, unspent funds from NHSE for property rebaselining (£0.8m). Note the main community contract with Central Surrey Health is as per budget.
- iii. The favourable variance on reserves of £1.5m is a prorated release of the £1.6m (0.5%) budgeted 2016/17 contingency (£1.1m benefit to date) plus additional unspent reserves / investments of £0.4m have also been released.

3. Acute Activity

Referrals have grown in M8 and as can be seen in the chart on the following page, have risen for the first time in three years. Similarly, outpatient activity has also risen whereas in the previous two years, outpatient activity generally falls in M8. The CCG is currently still achieving its 18 week wait position and the number of incomplete pathways fell in November.

Surrey Downs CCG summary against plan		Month: Nov								
Metric	Source	Monthly				Year to Date				
		2016/17 activity	2016/17 plan	# Variance	% Variance	2016/17 activity	2016/17 plan	# Variance	% Variance	
E.M.7	Total Referrals (G&A)	MAR	8,611	7,686	925	12.0%	67,835	62,847	4,988	7.9%
E.M.8	Consultant Led First Outpatient Attendances (Specific Acute)	SEM	9,502	8,933	569	6.4%	72,939	72,396	543	0.8%
E.M.9	Consultant Led Follow-up Outpatient Attendances (Specific Acute)		20,067	19,936	131	0.7%	151,584	160,068	-8,484	-5.3%
E.M.10	Total Elective FFCes (Specific Acute)		2,772	2,797	-25	-0.9%	21,169	21,230	-61	-0.3%
E.M.10.a	Elective Ordinary FFCes (Specific Acute)		565	562	3	0.5%	4,306	4,262	44	1.0%
E.M.10.b	Elective Day Case FFCes (Specific Acute)		2,207	2,235	-28	-1.3%	16,863	16,968	-105	-0.6%
E.M.11	Non-Elective FFCes (Specific Acute)		2,310	2,172	138	6.4%	18,057	18,114	-57	-0.3%
E.M.12	Total A&E Attendances excluding planned follow ups		8,262	7,854	408	5.2%	67,621	64,718	2,903	4.5%

Metric	Monthly						Year to Date				
	2016/17 activity	Previous month activity	# Variance	% Variance	2015/16 activity (same month)	# Variance	% Variance	2016/17 activity	2015/16 activity (same period)	# Variance	% Variance
Elective Ordinary FFCEs (G&A)	590	561	29	5.2%	571	19	3.3%	4,574	4,335	239	5.5%
Elective Day Case FFCEs (G&A)	2,677	2,410	267	11.1%	2,616	61	2.3%	19,836	20,134	-298	-1.5%
Total Elective FFCEs (G&A)	3,267	2,971	296	10.0%	3,187	80	2.5%	24,410	24,469	-59	-0.2%
Non-Elective FFCEs (G&A)	2,314	2,266	48	2.1%	2,243	71	3.2%	17,709	17,434	275	1.6%
All First Outpatient Attendances (G&A)	8,773	8,372	401	4.8%	8,070	703	8.7%	66,438	64,176	2,262	3.5%
First Outpatient Attendances following GP Referral (G&A)	6,080	5,806	274	4.7%	5,577	503	9.0%	45,635	44,424	1,211	2.7%
GP Written Referrals Made (G&A)	6,754	6,528	226	3.5%	6,089	665	10.9%	53,361	50,698	2,663	5.3%
Other Referrals for a First Outpatient Appointment (G&A)	1,857	1,859	-2	-0.1%	1,749	108	6.2%	14,474	14,183	291	2.1%
Total Referrals (G&A)	8,611	8,387	224	2.7%	7,838	773	9.9%	67,835	64,881	2,954	4.6%



Comparing previous and current year activity shows an increase of 3.5% in outpatient first attendances. It is planned for growth to fall to demographic growth levels as QIPP programmes with an incremental effect in the second half of the year begin to deliver. There is a risk referrals in excess of plan will convert to increased activity with an adverse impact on the current acute position. Current GP referral rates are 5.3% above the same period in the previous year.

4. Full year forecast 2016/17

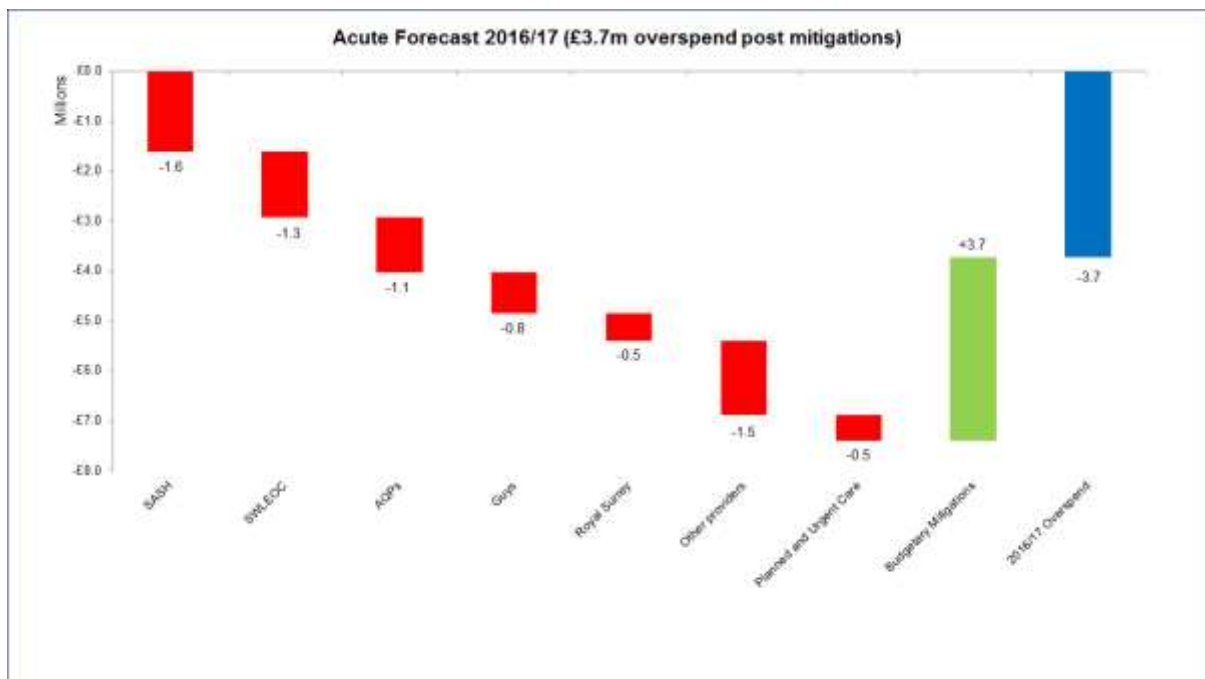
4.1 Forecast

The CCG is currently forecasting to achieve 16/17 budget. The reported risk in this position (net unmitigated risk of £4.5m) is stable M9 compared M8.

4.2 Acute forecast

An extrapolation of the acute outturn per the M8 SLAM gives a predicted year end overspend position of £6.9m. This can be partly mitigated by the predicted impact of approximately £3.7m of mitigations, accruals and budgetary savings which it is considered possible to realise in the current financial year.

This leaves a remaining net forecast overspend in the acute programme of £3.7m as follows:



4.2.1 Key assumptions in acute forecast calculation

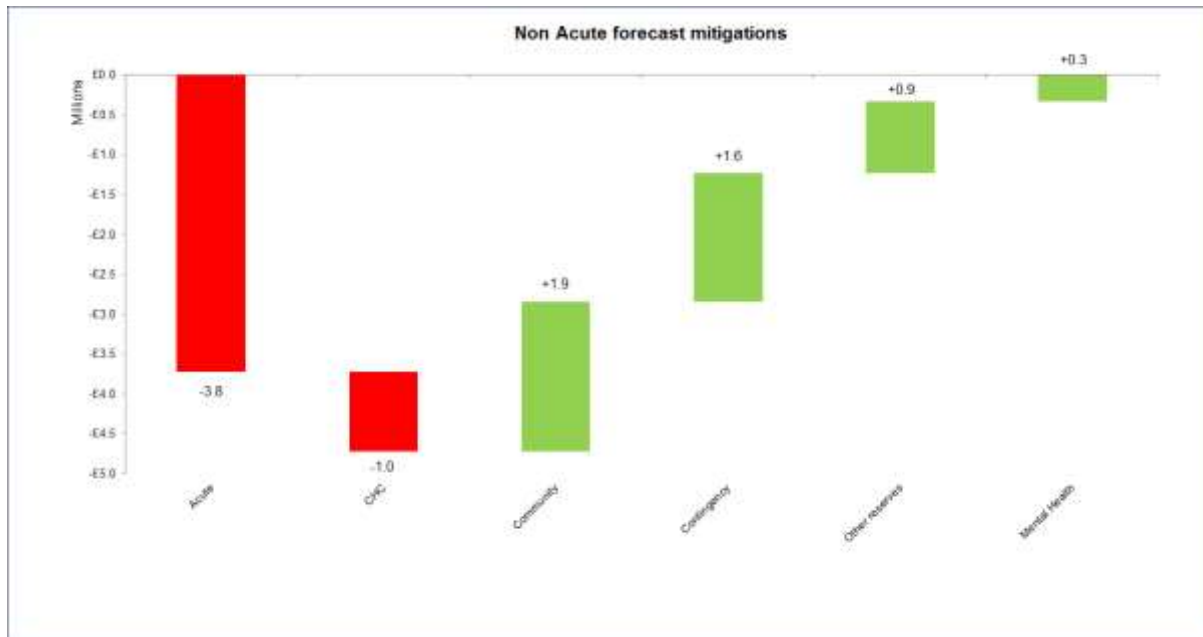
The forecast methodology was to extrapolate the M8 SLAM position based on the profiled budget (which includes QIPP where QIPP was agreed in the contract baseline). The following adjustments are included:

- i. An assumption was made re additional successful challenges of 0.25% of forecast (£285K in total across all providers) over and above those already factored into the M7 position;
- ii. Adjustments totalling £880K were made to remove the extrapolated impacts of critical care 'one offs' at St Georges, Ashford and St Peters, Guys & St Thomas', Royal Brompton, Chelsea and Westminster and SASH.

4.3 Non Acute forecast

The adverse forecast variance on acute of £3.7m is offset in the non-acute programme area as per the graphic below, meaning the CCG is reporting to budget at M9.

The key variances are as per the to date variances commented on in 2.3.3, but projected for the full year.



5. QIPP

5.1 QIPP 2016/17

QIPP to date is adverse to budget by £2.7m at M8, as per the table below.

£M	To Date			Full Year		
	Act	Bud	Var	FOT	Bud	Var
Transactional						
Acute	2.92	4.25	-1.33	4.44	6.16	-1.72
CHC	0.71	0.97	-0.26	0.99	1.38	-0.39
Other	0.18	0.38	-0.20	0.93	0.56	0.37
Subtotal	3.81	5.60	-1.79	6.36	8.10	-1.74
Transformational						
Acute	5.92	6.31	-0.39	8.14	9.61	-1.47
Other	0.68	1.20	-0.53	1.01	1.89	-0.88
Subtotal	6.59	7.51	-0.92	9.15	11.50	-2.35
TOTAL QIPP	10.40	13.11	-2.71	15.52	19.60	-4.09

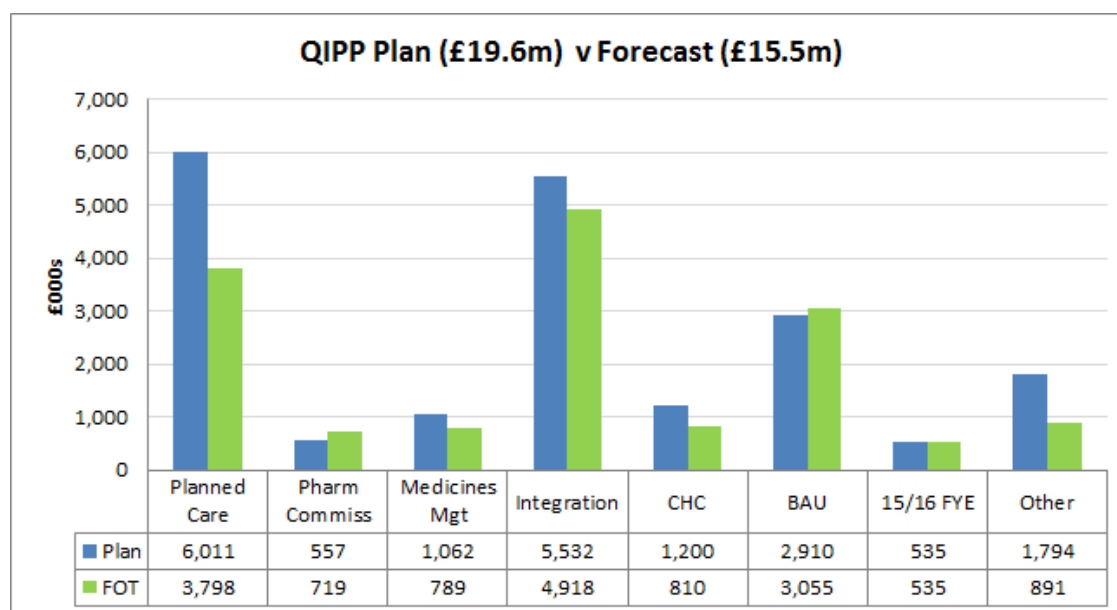
Acute QIPP is adverse YTD (-£1.72m) against the original plan as a result of some projects being delayed (e.g. Dorking Community Hub) and some schemes, particularly PolCE, tracking behind plan. PolCE challenges for Q1 and Q2 are still on-going and a favourable settlement of these challenges could improve the QIPP outturn for the year.

Reported QIPP savings on CHC are adverse YTD (-£0.26) due to slippage in two projects (Neuro Rehab and Fast Track Outsourcing) which are now expected to deliver savings in 2017/18.

Other non-acute QIPP is adverse YTD (-£0.73m) mainly due to lower than planned savings to date within BAU and Medicines Management.

5.2 QIPP Forecast 2016/17

The QIPP forecast for 2016/17 is unchanged from last month with QIPP benefits still forecast at £15.5m versus a budget of £19.6m. The graph below shows the forecast by area.



The risk of reduction to the full year QIPP forecast has been largely reflected in reported unmitigated risk throughout the year. Initially the risk was considered to be of the order £2.7m. The likely outturn is now expected to be a £4.1m shortfall. The majority of the projected QIPP shortfall is in the acute area (e.g. planned care, integration) and the impact of not achieving the QIPP is included in the acute forecast which is based on actual SLAM activity (see section 4.2 above).

5.3 QIPP 2016/17: delivery status

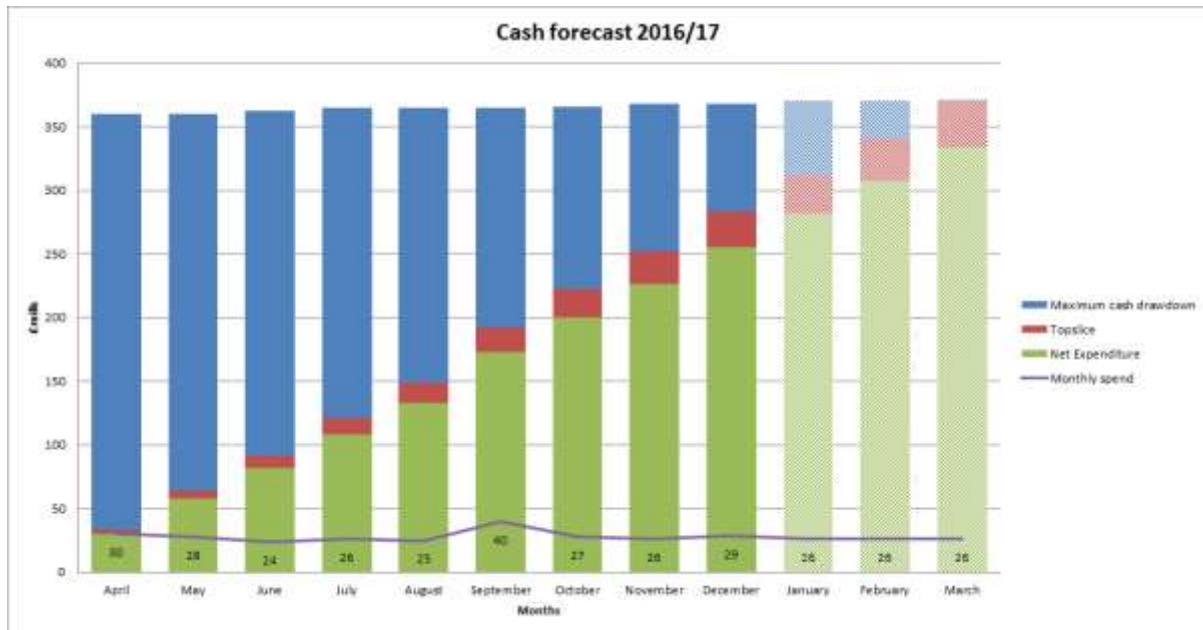
The QIPP delivery summary produced by the CCG's PMO currently tracks schemes totalling £17.8m of the £19.6m planned total, with a forecasted outturn of £15.5m. All opportunities are being sought to identify further QIPP recurrent or non-recurrent opportunities for the remainder of the year. There are 36 schemes currently listed on the tracker, of which six are assessed as red in terms of delivery status, 15 as amber and the remainder green.

Two new Integration schemes have been added this month which will contribute to 16/17 savings delivery. The Programme Delivery Board, Planned Care and Integration Programme Boards continue to focus on optimising the delivery of savings in 16/17 from the schemes which are underway and accelerating where possible any schemes which have not yet been mobilised. This includes identifying opportunities for stretch, for example, within the MSK project. Note that the stretch opportunities are included within the revised £15.5m forecast in 5.2, above.

6. Cash

The CCG has a maximum cash download (MCD), in 2016/17 of £368m. At M9 the CCG has drawn down £283.4m (77%) of its MCD for 2016/17, leaving a balance of £84.7m.

The CCG has drawn down slightly more cash to date (77%) when compared to a straight line, equal monthly prorated basis (75%), but has prepared a detailed cash flow forecast, and anticipates being in a position to manage its cash within the notified MCD of £367.9m.



Note the high cash spend in August was effectively a catch up / year to date correction to bring the cash available back in line with the new monthly acute SLA payments for 2016/17.

7. Risks and Mitigations

The table below summarises the risk position presented in the latest non-ISFE submission to NHSE at Month 9.

Area	Unweighted (£m)	Weighting (%)	Weighted (£m)	Comment
RISKS				
Acute SLA overspend	-3.00	67%	-2.00	Risk of further overspend over and above the £5.6m currently forecast (this risk overlaps / should be considered with the QIPP risk below)
QIPP	-1.00	50%	-0.50	Further slippage on QIPP over and above the £4m reported at M8
Prescribing	-1.00	20%	-0.20	Growth above that anticipated in plan and / or non delivery of QIPP
FNC	-1.58	100%	-1.58	Increase in FNC costs following 40% uplift (nationally mandated)
Other	-1.50	50%	-0.75	Other overspends eg GPIT / Running costs
Subtotal: RISKS	-8.08		-5.03	
MITIGATIONS				
Underspends	0.55	100%	0.55	Eg continued lower than planned take up of IAPT, further prescribing underspends.
Subtotal: Mitigations	0.55		0.55	
NET	-7.53		-4.48	

There has been no change M8 to M9 to the weighted unmitigated risk position of £4.48m.

8. Contracting and Planning 2017/18

8.1 Contract status

The contract status for the CCG's acute and mental health contracts 2017/18 is summarised in the table below.

Summary of 2017/18 SDCCG Offer Status (contracts £5m > in value)	CCG offer	Provider offer	Agreed Contract value	Block / PbR	GAP	QIPP recognised in contract baseline (£m)
Epsom & St Helier and SWELEOC	-	-	£111.0m	Block	-	£3.1m
KHT NHS Foundation Trust	-	-	£26.4m	PbR	-	£1.5m
SaBP (Mental Health)	-	-	£17.3m	Block	-	TBA
SASH	-	-	£16.2m	PbR	-	£0.5m
SECAMB	-	-	£9.5m	Block +/-	-	£0.0m
St George's	£9.6m	£9.8m	-	PbR	(£0.2m)	TBA
Royal Surrey County	£6.4m	£7.0m	-	PbR	(£0.6m)	TBA
Royal Marsden	£4.9m	£5.1m	-	PbR	(£0.2m)	TBA
Ashford & St Peters	£5.4m	£5.6m	-	PbR	(£0.2m)	TBA
Total	£26.1m	£0.0	£180.4m		(£1.2m)	£5.1m

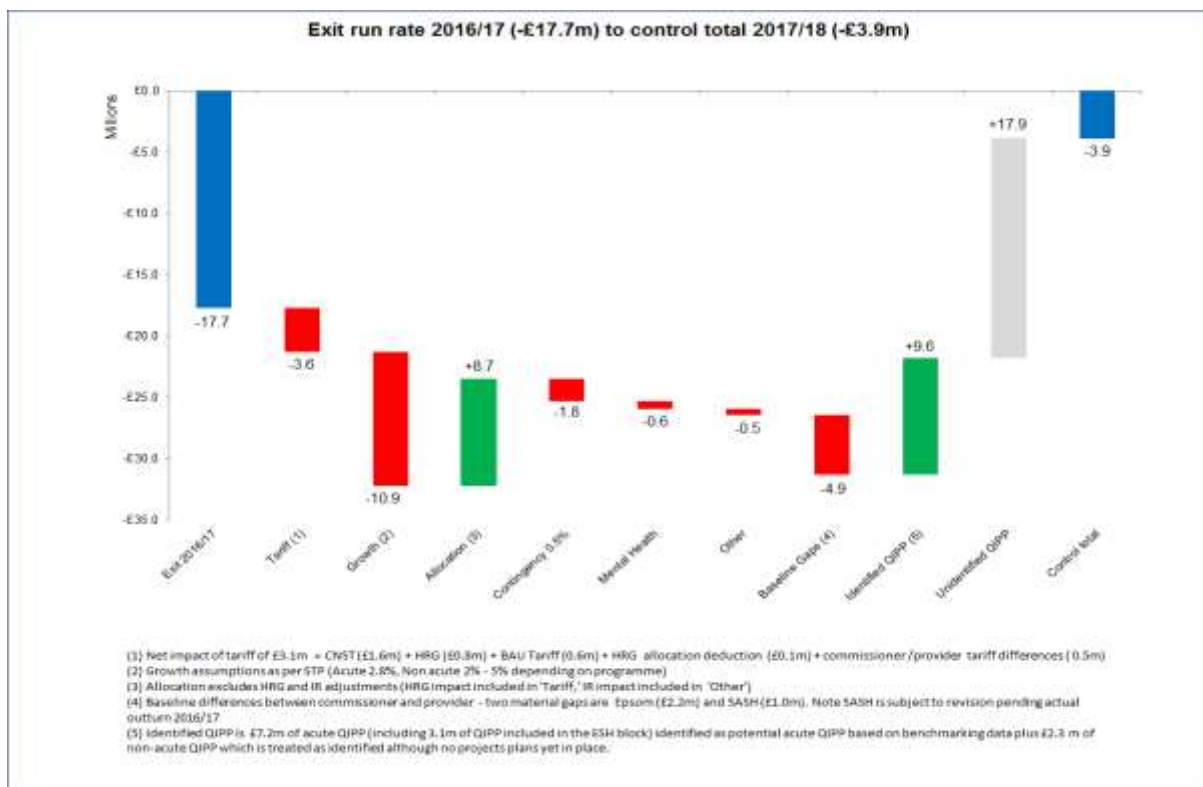
The CCG has agreed and signed contracts with its three largest acute Trusts (ESH, KHT and SASH). Contracts agreements are pending on St George's, RSCH, Royal Marsden and Ashford and St Peters. The outstanding differences on these contracts total approximately £1m and the majority of these gaps relates to the level of QIPP to be included in the contract rather than fundamental differences of interpretation in baseline starting point.

8.2 Plan Status

Along with its operating plan, the CCG submitted a financial planning template ('the template') which recorded QIPP of £22.4m and unmitigated risk of £15m. The £15m of unmitigated risk was in acknowledgement of the fact that at the time of submission of the template, the contract values with the CCGs three main acute providers were in the process of being finalised and it was likely that the contract values signed would be significantly above what the CCG could afford given its resource allocation and control total.

Post contract signature with ESH, KHT, SASH on 23.12.16 and a revision to the CCG's assumption regarding tariff impacts and 2016/17 exit run rate, the CCG revised its 2017/18 plan view internally. The overall level of QIPP required to meet its control total increased by approximately £5m to £27.5m, and the element of the QIPP that is unidentified within the total QIPP increased from £6.8m to 17.9m.

The below graphic summarises the current view of the CCGs 2016/17 plan. It should be treated as indicative and noted the CCG has not re-submitted its financial plan since 23.12.17.



The above graphic records an aggregate QIPP of £27.5m of which £17.9m is unidentified. The CCG is in the process of preparing a paper to NHSE requesting a change to its control total to reflect the fact that values were conceded in the contract agreement process (primarily with ESH, but also SASH) that were not affordable to the CCG and have given rise to such a substantial gap in the CCG's 2017/18 financial plan.

9. Finance Operations

Key issues are covered above in section 8, planning and contracting

END

Appendices

- 1 M9 Outturn Detail**
- 2 M9 Acute Detail**
- 3 M9 Running Costs**

Appendix 1: M9 Outturn (Detail)

SURREY DOWNS CCG - M9 OUTTURN REPORT BY PROGRAMME 2016/17													
M5	M	M	M	YTD	YTD	YTD	Var %	FOT	FOT	FOT	Var %	FOT	FOT var
	ACT	BUD	Var	ACT	BUD	Var	(-ve = under)	FCT	BUD	Var	(-ve = under)	M-1	(-ve = fav)
	£K	£K	£K	£K	£K	£K	%	£K	£K	£K	%	£K	£K
Mental Health	2,080	2,143	-63	19,009	19,286	-276	-1.4%	25,387	25,714	327	1.3%	25,478	-91
Acute	18,296	17,424	873	160,007	157,308	2,699	1.7%	212,912	209,186	-3,726	-1.8%	211,806	1,107
WR	148	148	0	1,329	1,329	0	0.0%	1,772	1,772	0	0.0%	1,772	0
Primary Care	4,245	4,113	132	35,525	35,460	65	0.2%	46,915	46,915	1	0.0%	46,915	0
CHC	1,767	1,756	11	16,551	15,806	745	4.7%	22,075	21,075	-1,000	-4.7%	22,075	0
Community	1,714	2,418	-704	20,256	21,763	-1,507	-6.9%	27,138	29,017	1,879	6.5%	27,556	-418
Reserves	-323	-140	-183	8,435	10,030	-1,595	-15.9%	9,415	11,934	2,519	21.1%	9,915	-500
Other	1,109	1,163	-55	10,340	10,470	-129	-1.2%	13,958	13,958	0	0.0%	13,895	63
Running Costs	507	528	-21	4,791	4,813	-21	-0.4%	6,358	6,358	0	0.0%	6,358	0
Total Expenditure	29,543	29,553	-10	276,244	276,264	-20	0.0%	365,929	365,929	-1	0.0%	365,769	161
Allocation				-248,102	-248,102	0	0.0%	-328,616	-328,616	0	0.0%	-328,456	160
Surplus (Deficit)				-28,142	-28,162	-20	0.1%	-37,313	-37,313	-1	0.0%	-37,313	-1
Deficit c/f								28,613	28,613	0	0	28,613	
In Year								-8,700	-8,700	-1	0	-8,700	

Appendix 2: M9 Acute Outturn (Detail)

SURREY DOWNS CCG - M9 ACUTE SPEND BY PROVIDER 2016/17									
	Budget	M9	Var	as %	FY	FY	Var	as %	
	To date	To date	(-ve = over)	(-ve = over)	BUD	FOI	(-ve = over)	(-ve = over)	
	£K	£K	£K	£K	£K	£K	£K	£K	£K
Epsom and St Helier (Acute and Renal)	69,963	69,963	0	0.0%	92,978	92,978	0	0.0%	
Kingston Hospital	19,907	20,009	-102	-0.5%	26,467	26,667	-200	-0.8%	
Surrey and Sussex	10,078	11,273	-1,196	-11.9%	13,347	15,035	-1,688	-12.6%	
St George's Healthcare	7,080	7,411	-331	-4.7%	9,444	9,827	-383	-4.1%	
South East Coast Ambulance Trust	6,827	6,779	48	0.7%	9,133	9,224	-91	-1.0%	
Epsom and St Helier (SWLEOC)	5,416	6,351	-935	-17.3%	7,300	8,619	-1,319	-18.1%	
Royal Surrey County Hospital	5,050	5,462	-412	-8.2%	6,729	7,281	-552	-8.2%	
Royal Marsden	3,768	3,931	-163	-4.3%	5,066	5,370	-305	-6.0%	
Ashford and St Peters	3,751	3,915	-163	-4.4%	5,000	5,286	-286	-5.7%	
Guy's and St Thomas'	1,657	2,368	-711	-42.9%	2,220	3,043	-823	-37.1%	
University College London	832	950	-118	-14.1%	1,115	1,294	-179	-16.0%	
Moorfields	713	753	-40	-5.6%	957	1,032	-75	-7.9%	
Royal Brompton & Harefield	673	852	-179	-26.7%	903	882	21	2.4%	
Queen Victoria	630	546	85	13.4%	848	746	102	12.0%	
Kings	604	444	160	26.6%	811	605	206	25.3%	
Chelsea and Westminster	451	527	-76	-16.8%	606	706	-100	-16.4%	
Queen Mary Roehampton	417	333	84	20.0%	559	455	105	18.7%	
Imperial College	423	538	-115	-27.2%	567	733	-166	-29.3%	
Royal National Orthopaedic Hospital	343	334	9	2.7%	462	457	5	1.2%	
Frimley Park	315	282	34	10.7%	423	384	38	9.0%	
GOS	163	202	-40	-24.4%	219	277	-58	-26.4%	
Croydon Health Service	149	177	-27	-18.4%	201	242	-41	-20.7%	
Subtotal Main NHS providers	139,210	143,400	-4,190	-3.0%	185,354	191,143	-5,789	-3.1%	
Dorking Healthcare	5,127	5,452	-324	-6.3%	6,805	7,347	-542	-8.0%	
Epsom Medical	4,311	4,711	-400	-9.3%	5,567	6,233	-666	-12.0%	
Ramsay Ashted Hospital	2,994	2,865	129	4.3%	4,006	3,911	95	2.4%	
Subtotal Main Independents	12,432	13,028	-596	-4.8%	16,378	17,492	-1,114	-6.8%	
Grand Total Tier 1 Providers	151,642	156,429	-4,786	-3.2%	201,733	208,635	-6,902	-3.4%	
GUM	574	575	-1	-0.2%	766	766	0	0.0%	
RSS	270	284	-14	-5.2%	340	340	0	0.0%	
Urgent and planned care	654	1,082	-428	-65.4%	828	1,328	-500	-60.4%	
Non Contract Activity	2,701	2,701	0	0.0%	3,599	3,174	425	11.8%	
Tier 2	1,732	1,682	50	2.9%	2,330	2,330	0	0.0%	
IFR / IT	48	45	3	6.3%	62	62	0	0.0%	
Headroom (i)	-2,101	-2,101	0	0.0%	-2,855	-2,855	0	0.0%	
Mitigations and Y/end deal benefits		-2,495	2,495	-	0	-3,250	3,250	0.0%	
Other (Cytokine Modulator)	1,787	1,787	0	0.0%	2,383	2,383	0	0%	
Subtotal Other Acute	5,665	3,560	2,105	37.2%	7,453	4,278	3,176	42.6%	
TOTAL Acute excl SRG	157,307	159,989	-2,681	-1.7%	209,186	212,913	-3,727	-1.8%	
SRG	1,181	1,181	0	-	1,772	1,772	0	-	
GRAND TOTAL INCL SRG	158,488	161,170	-2,681	-1.7%	210,958	214,684	-3,727	-1.8%	

Appendix 3: Running Cost Detail

SURREY DOWNS CCG - M9 OUTTURN REPORT RUNNING COSTS 2016/17										
M9		YTD	YTD	YTD	Var %	FOT	FOT	FOT	Var %	
	Owner	ACT	BUD	Var	(-ve = under)	FCT	BUD	Var	(-ve = under)	Comment on outturn to date
		£K	£K	£K	%	£K	£K	£K	%	
CEO/Board Office	D Brown	873.4	873.1	0.3	0.0%	1,129.5	1,129.5	0.0	0.0%	No significant variance from budget
Chair and Non - Execs	M Knight	418.3	241.9	176.4	72.9%	322.4	322.4	0.0	0.0%	Includes all Non Executive Members costs (excludes GB training costs approx £136k FOT)
Clinical Governance	E Clark	251.2	295.6	-44.4	-15.0%	400.1	400.1	0.0	0.0%	Unfilled vacancies / underspend on permanent staff costs
Communications & PR	S Shettle	224.5	245.7	-21.2	-8.6%	327.5	327.5	0.0	0.0%	Unfilled vacancies / underspend on permanent staff costs
Contract Management	J W-Smith	321.1	306.2	14.9	4.9%	408.9	408.9	0.0	0.0%	No significant variance from budget
Corporate costs & Services	J W-Smith	1,728.8	1,697.7	31.1	1.8%	2,263.6	2,263.6	0.0	0.0%	Collaborative services provided by other CCG's higher than budgeted (being followed up)
Corporate Governance	J Dix	230.7	154.3	76.4	49.5%	190.6	190.6	0.0	0.0%	Interim costs not budgeted
Estates and Facilities	J W-Smith	83.5	353.1	-269.6	-76.4%	542.4	542.4	0.0	0.0%	Benefit of Property Service accrual releases
Finance and Legal	M Knight	830.0	857.8	-27.8	-3.2%	1,098.4	1,098.4	0.0	0.0%	Interims backfilling permanent positions
Human Resources	B Brewer	129.0	186.0	-57.0	-30.6%	248.0	248.0	0.0	0.0%	Recruitment budget (50K) not spent plus lower interim costs vs budget
Other	-	-11.1	0.0	-11.1	-	0.0	0.0	0.0	-	-
Performance	M Wu	277.6	226.7	50.9	22.5%	281.5	281.5	0.0	0.0%	Interims backfilling permanent positions
Strategy and Development	J Chalmers	408.5	349.0	59.5	17.0%	465.3	465.3	0.0	0.0%	* £50k to be recharged for STP costs
Recharges to programme*	-	-974.3	-974.5	0.2	0.0%	-1,299.3	-1,299.3	0.0	0.0%	
Total Expenditure		4,791.2	4,812.6	-21.4	-0.4%	6,378.9	6,378.9	0.0	0.0%	

* An element of corporate costs are cross-charged to programme and hosted services such as CHC and Meds Management to reflect the usage of office space, IT etc.

Other includes Quality Assurance, and Operations Management

